

Nurse Delegation Orientation



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Nurse Delegation Program Managers

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The Nurse Delegation Program

- Is outlined in WA State law and rule
- DSHS pays some nurses/agencies to provide ND to DSHS clients
- That program is managed by DSHS Program Managers

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The Nurse Delegation Program

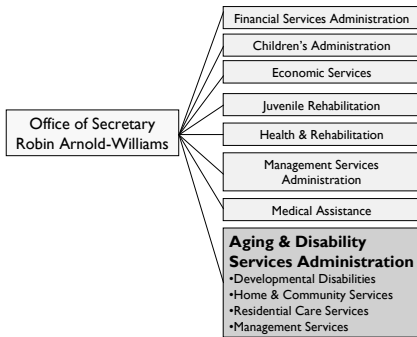
- Where is the ND Program “housed” in DSHS?
- In Aging and Disability Services Administration (ADSA)

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How Does ADSA Fit In?



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The Nurse Delegation Program—Resources

- Nurse Delegation Program Law
RCW 18.79A.260(3)(e)
- Nurse Delegation Program Regulation
WAC 246-840-910 to 970
- Medication Assistance WAC 246-888
- Self Directed Care WAC 388-71-0580

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Nurse Delegation in the Nurse Practice Act

- General delegation – all nurses learn in nursing school
- Nurse Delegation Program – a specific set of circumstances delineated in WA nurse practice act WAC 246-840-910 to 970

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Nurse Delegation Orientation— Acronyms

- NA = Nursing Assistant
- NA-R or RNA = Nursing Assistant-registered
- NA-C or CNA = Nursing Assistant-certified
- RND = Registered Nurse Delegator

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Nurse Delegation Orientation-- History of Program

THEN.....

- First law/rules in 1996 (included task list)
- Expanded to all boarding homes in 2000 (task list eliminated)
- Added in-home settings in 2003
- ND program in HCS/DDD combined in 2004

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Nurse Delegation Orientation

NOW..

Nurse Delegation Serves About 1500-2000 clients/year

At a cost of about \$300-500 client/year

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The Nurse Delegation Program

The ND Program Described

RN assesses a client

RN evaluates and teaches a Nursing Asst

NA performs a nursing task

RN provides ongoing supervision and evaluation of task and client

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The Nurse Delegation Program

- Critical Elements

- NA could not perform task outside of ND process
- Client must be stable
- RN must be notified of every change in client condition or treatment
- All parties must be willing

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The Nurse Delegation Program

Nurse Delegation Program defined

- Licensed registered nurse
- Transfers the performance
- Selected nursing tasks
- Competent individuals
- Selected situations WAC 246-840-920

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Nurse Delegation Program

- **Who**
- **What**
- **Where**
- **When**
- **How**



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Nurse Delegation Program

WHO

1. A Registered Nurse delegates to
2. A Nursing Assistant, registered or certified for
3. A specific client considered stable and predictable

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Nurse Delegation Program

Any Registered Nurse may delegate

- ❖ WA license required
- ❖ In good standing without restriction

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Nurse Delegation Program

Nursing Assistant—Registered (NA-R)

- ❖ Currently registered (*verified via DOH website*)
- ❖ In good standing without restriction (*DOH website*)
- ❖ Has completed ND training (ND for NA)-*certificate*
- ❖ Has completed a basic care giving course (usually Fundamentals of Care giving, but Modified FOC, DD basic training OK)-*certificate or verify*

WAC 246-841-405(2)(a)

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Nurse Delegation Program

2. Nursing Assistant—Certified (NA-C or CNA)

- ❖ Currently certified (has taken a course and passed a test to become "certified")
- ❖ In good standing without restriction
- ❖ Has completed ND training (ND for NA)

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Nurse Delegation Program

3. Client -- "Stable & Predictable"

- ❖ Assessed by delegating nurse
- ❖ Client's clinical and behavioral status known
- ❖ Not requiring frequent evaluation
- ❖ Not requiring frequent nursing presence

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Nurse Delegation Program

WHAT

- Previous task list
- Prohibited list
- Nurse discretion

WAC 246.840.910

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Nurse Delegation Program

1. Previous Task List (no longer in law)

1. Administration of oral, topical, inhaled medications and drops
2. Admin of enemas and suppositories
3. In and out catheters
4. Tube feedings
5. Blood glucose monitoring
6. Simple dressings
7. Colostomy care

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Nurse Delegation Program

2. Prohibited List—may never delegate

- Injectable medications
- Sterile procedures
- Maintenance of central IV lines
- Tasks requiring nursing judgment

RCW 18.79.260(3)(m)(iv)

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Nurse Delegation Program

3. Nurse Discretion

- Not prohibited
- Caregiver competent
- Consult Decision Tree in WAC

WAC246.840.940

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Nurse Delegation Program

WHERE

- Adult Family Home
- Boarding Home (nurse not paid under ND contract)
- Certified program for individuals with developmental disabilities
- Private homes
 - HCS populations, COPES or MNIW
 - DDD populations, Basic Plus + Core Waivers

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Nurse Delegation Program

WHEN

1. Client/auth representative consents
2. Caregiver has appropriate credentials
3. Documented referral from CM

Payment and Policy for ND Under SSPS

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Nurse Delegation Program

1. Client consents—RND responsibility to obtain
 - Client consents in writing
 - Authorized representative acceptable
 - Documented verbal consent OK
 - Written obtained in 30 days
 - Faxed signature OK
 - Initial delegation only, not for new task, NA or new RND

WAC 246.840.930(10)(b)

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Nurse Delegation Program

2. Caregiver has appropriate credentials
 - NA-R or NA-C
 - Currently registered or certified
 - In good standing without restriction
 - Check NA “standing” at:
 - https://fortress.wa.gov/doh/hpqa-1/Application/Credential_Search/Profile.asp

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Nurse Delegation Program

2. Caregiver has appropriate credentials/training
- If NA-R, has completed basic care giving course (usually Fundamentals of Care giving; can be DD Basic Training—32 hours)
 - Both NA-R and NA-C have completed "Nurse Delegation for Nursing Assistants" class

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Nurse Delegation Program

3. Documented referral from CM
- Formal referral form OR
 - Email or documented telephone request AND
 - Copy of Case Manager's Assessment
 - Release of Information form

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Nurse Delegation Program

HOW

- Receive referral from CM
- Evaluate NA credentials
 - Assess the client
 - Teach the task

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Nurse Delegation Program

HOW

Teach task to NA (details)

1. Specific task
2. Specific client
3. Specific caregiver

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Nurse Delegation Program

1. Specific task

- Mechanics may be the same
- Reasoning could be different
- Individualized for each client

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Nurse Delegation Program

2. Specific caregiver

- Delegating nurse instructs/assesses each
- Evaluates competency
- Supervises periodically

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Nurse Delegation Program

3. Specific client

- Task may be the same
- Nursing judgment is used (RND)
- Interpretation for each client

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Nurse Delegation Program

HOW (continued)

- Written instructions w/client
- Evaluate NA performance
- Supervise NA/reevaluate client every 90 days
- Set up caregiver documentation system in private home

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Nurse Delegation Program

SUMMARY—Nurse Delegation Program

- RCW/WAC set basic expectations: who, what, where
- Process is specific to RND evaluation of both the client condition and caregiver competency

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Nurse Delegation Program

WHEN DELEGATION MAY NOT BE NEEDED

1. Personal Care
2. Basic First Aid
3. Self Directed Care
4. Medication Assistance

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Nurse Delegation Program

1. Personal Care

Nursing Assistant Rules
WAC 246-841-400(2)

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Nurse Delegation Program

2. Basic First Aid

Example

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Nurse Delegation Program

3. Self Directed Care

- Only in private homes
- Only by an Individual Provider, not agency worker
- May provide anything an able-bodied person could do for themselves.
- Client trains and supervises caregiver and task

WAC 388-71-0580

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Medication Assistance

Medication Assistance

WAC 246-888

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Medication Assistance

- Describes ways we can help an individual take their own medications
WAC 246-888-010
- May be done by a nonpractitioner
WAC 246-888-020
- Client in community setting or their own home
WAC 246-888-020

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Medication Assistance

- Assistance with administration of intravenous and injectable medications is specifically excluded*

*EXCEPT PREFILLED SYRINGES

(WAC 246-888-020)

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Medication Assistance

- Individual retains the right to refuse
- Occurs "immediately prior to the ingestion or application of medication."

(WAC 246-888-020)

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Medication Assistance

Functional and cognitive bottom line must be met.
Client must be

- Able to get the medication where it needs to go

"must be able to put the medication into his or her mouth or apply or instill."

- Aware that they are taking medication
"does not necessarily need to state the name of the medication, intended effects, side effects, or other details..."

WAC 246-888-020

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Medication Assistance

Both functional and cognitive bottom lines must be met

- o If individual is not able to physically ingest or apply OR
- o If individual cannot indicate an awareness that he/she is taking a medication,

THEN the medication must be **administered** by a person legally authorized to do so.

WAC 246-888-020

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Medication Assistance

- EXCEPTION in boarding home setting

If client cannot put medication in own mouth, or apply or instill,

May "accurately direct others" to do so, under Medication Assistance WAC

WAC 246-316-300

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Medication Assistance

Nonpractitioner may assist by

- Opening, pouring
- Reminding, coaching
- Crushing, dissolving
- Mix with food or liquids

WAC 246-888-060

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Medication Assistance

However, if medication altered (= cut, crushed, mixed or dissolved)

- Practitioner determines safety to do so
- Documented on container or client record

WAC 246.888.070

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Medication Assistance

- May use an enabler
- Ex: glass, cup, spoon, bowl, straw, cloth, adapted table surface
- o “Hand over hand” administration NOT allowed

WAC 246-888-050

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Medication Assistance

May we assist with meds through a G-tube?

- o Same rules apply

Is oxygen covered under Med Asst?

- o No, because pharmacy board does not consider oxygen to be a medication; nursing board says it requires prescription. Therefore it should be delegated unless client can manage it alone or unless it never changes.

What about nebulizers?

- o We have assisted with these in the past.

WAC 246.888.090, 100

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Medication Assistance

- Blue Board Exercise
 - Select which category the task belongs in

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Process for Nurse Delegation

A. Your (Contracted Nurse) Responsibilities

B. Case/Resource Manager Responsibilities

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Process for Nurse Delegation

A. Contracted Nurse Responsibilities

- Patient Care
 - Obtain (& document) referral from C/RM
 - Confirm caregiver qualifications (call first)

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Process for Nurse Delegation

Contracted Nurse Responsibilities (cont)

Evaluate NA performance/competency

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EVALUATE NA
COMPETENCY

**NURSE DELEGATION: INITIAL DELEGATION,
SUPERVISION OR RESCINDING DELEGATION**

PATIENT'S NAME (LAST, FIRST, MIDDLE OR NIL) _____ DATE OF BIRTH (MM/DD/YYYY) _____ CLIENT ID NUMBER _____

Delegation Request: ☐ Initial Delegation ☐ Ongoing Supervision

Include date, client/patient care outcomes, observations of nursing assistant's performance, and if redemonstration or remedial training was necessary. Explain any negative outcomes and action taken. May complete for multiple NAs if all are performing task adequately.

Signify instructions on next page(s)

Client Status: ☐ Stable and Predictable ☐ Changing (See Note)

Review of outcome: Changing outcome expected. Stop, new or updated delegation or outcome are noted in detail through a complete review with client. Check box indicating notes below.

☐ Adequate ☐ Inadequate ☐ Rescind/Rescind

☐ Complete ☐ Ongoing ☐ Rescind/Rescind

Rescind/Rescind/Rescind

Nursing Assistant Competence: ☐ None demonstrated ☐ Other: _____

☐ Partial demonstration ☐ Partial description

☐ Training needed/ongoing ☐ Training needed/ongoing

Negative Outcome: ☐ None ☐ Comment: _____

Continue Delegation: ☐ Yes ☐ No (rescind below)

Note: _____

Return supervision verification: DATE: _____ DATE: _____ DATE: _____

☐ NEW/ONGOING DELEGATION

(Complete Rescind/Rescind, Rescind/Rescind and Rescind/Rescind/Rescind)

Rescind/Rescind/Rescind: ☐ Rescind/Rescind ☐ Other: _____

☐ Rescind/Rescind ☐ Rescind/Rescind

Alternative Plan: ☐ None needed ☐ Details of plan below

DATE: _____ DATE: _____ DATE: _____

DATE: _____ DATE: _____ DATE: _____

To register concerns or complaints about Nurse Delegation, please call 1-800-552-5879 Toll Free.

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Process for Nurse Delegation

Contracted Nurse Responsibilities (cont)

- Maintain duplicate ND files (copy with client, copy with nurse)
- Set up client file in private home (already in place in AFH/BH)

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Process for Nurse Delegation

Contracted Nurse Responsibilities (cont)

- Advise CM/agency of start of delegation & decide on a communication plan .
- The plan needs to be agreed upon, stating the frequency and method of communication .(document it)
- Notify CM/agency of NA competency
- Notify CM of client condition change

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Process for Nurse Delegation

Contracted Nurse Responsibilities (cont)

- In private homes, teach caregiver where and how to document task
- In private homes, the agency may request a copy of the supervisory note, if involved

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 NURSE DELEGATION / RESIGNING DELEGATION	
RESIGNER'S NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF RESIGNATION (MM/DD/YYYY)
DATE OF BIRTH (MM/DD/YYYY)	LAST 4 NUMBER
Outpatient Facility: <input type="checkbox"/> Inpatient Outpatient <input type="checkbox"/> Outpatient Transition Include date, description of case, outcomes, dissemination of nursing standards performance, and if reauthorization or renewal training was necessary. Explain any negative outcomes and action taken. May complete for example NA if all are performing task adequately.	
Specific Instruction on next ACTION: <input type="checkbox"/> None and Predictable <input type="checkbox"/> Change (see below)	
Client Status: <input type="checkbox"/> Stable and Predictable <input type="checkbox"/> Change (see below)	
Reason for Change: Check a problem or concern. Note a new or significant change or problem or noted in chart although a complete review was done. Check for intervention below.	
<input type="checkbox"/> Anxiety <input type="checkbox"/> Family <input type="checkbox"/> Change <input type="checkbox"/> Negative	<input type="checkbox"/> Education <input type="checkbox"/> Skills <input type="checkbox"/> Priority <input type="checkbox"/> Discontinuation
<input type="checkbox"/> Nonadherence <input type="checkbox"/> Noncompliance <input type="checkbox"/> Non-response	<input type="checkbox"/> Nonadherence <input type="checkbox"/> Noncompliance <input type="checkbox"/> Non-response
Summary of Action: Evaluated _____	
Nursing Assistant Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Safety Instruction <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Teaching needs/identified _____	
Negative Outcomes: <input type="checkbox"/> None <input type="checkbox"/> Comments: _____	
Continue Delegation: <input type="checkbox"/> Yes <input type="checkbox"/> No (include below): _____	
Note: _____	
Patient supervision on discharge: _____	
Date of Discharge: _____	Date of Discharge: _____
Date of Discharge: _____	Date of Discharge: _____
<input type="checkbox"/> RENEWING DELEGATION (Complete Resignation, Date of Care and Social Security Number Below)	
Reason for Resigning: <input type="checkbox"/> Resigned <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Resigned <input type="checkbox"/> Resigned <input type="checkbox"/> Resigned	
<input type="checkbox"/> Resigned (conditions improved) _____	
Alternative Plan: <input type="checkbox"/> None needed <input type="checkbox"/> Details of plan below: _____	
Date of Discharge: _____	Date of Discharge: _____
Date of Discharge: _____	Date of Discharge: _____

To register concerns or comments about Nurse Delegation, please call 1-800-552-6873 Toll-Free.

Process for Nurse Delegation

Expectations of Documentation

- For any use, clarify why client needs task delegated

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Process for Nurse Delegation

Expectations of Documentation

- Document how meds were verified
- Document communication with other health professionals

The nurse creates a place to document this...nurses notes?

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Process for Nurse Delegation

Expectations of Documentation

- Document who was supervised and how
- Document how NA competency was verified

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SUPERVISORY NOTE

**NURSE DELEGATION: INITIAL DELEGATION,
SUPERVISION OR RESCINDING DELEGATION**

REGISTRANT'S NAME (LAST, FIRST, MIDDLE INITIAL) _____ DATE OF BIRTH (MM/DD/YYYY) _____ EXPIRY OF LICENSE _____

Delegation Task(s): ☐ Initial Delegation ☐ Ongoing Supervision

Indicate date, completed task, outcomes, observations of nursing assistant's performance, and if rescindment or remedial training was necessary. Explain any negative outcomes and action taken. May complete for multiple NAs if all are performing task adequately.

Specific instructions on next steps(s): _____

Client Status: ☐ Stable and Predictable ☐ Changing (Give Note)

Review of systems. Charting a problem corrected. Only new or significant changes or problems are noted in detail although a complete review was done. Checklist box indicates tasks below:

<input type="checkbox"/> Activity	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Neurological
<input type="checkbox"/> Appetite	<input type="checkbox"/> GI/GU	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Hematologic	<input type="checkbox"/> Skin
<input type="checkbox"/> Circulation	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Vision

Nursing activities Evaluated:

Nursing Assistant Competence: ☐ Reason demonstration ☐ Other _____

☐ Verbal description ☐ Teaching needs/needs met

Regulate Delegation: ☐ None ☐ Comments _____

Continue Delegation: ☐ Yes ☐ No (reason below): _____

Note: _____

Nursing supervision certificate: _____ DATE _____ DATE OF EXPIRATION _____

☐ RESCINDING DELEGATION

(Complete Resident Name, Date of Birth and Social Security Number Above)

Reason Rescinding: ☐ Resident died ☐ Other _____

☐ Resident transferred ☐ Resident condition improved

Information Plan: ☐ None needed ☐ Details of plan below: _____

DATE OF EXPIRATION _____ DATE _____ DATE OF EXPIRATION _____

SEE INSTRUCTIONS: 080803120000

To register concerns or complaints about Nurse Delegation, please call 1-800-552-6570 Toll Free.

080803 - Contract, Revised - 08/01/05 - 08/01/05

**Process for Nurse Delegation
Contracted Nurse
Responsibilities (cont)**

- Advise CM/agency if delegation rescinded

Rescinding

**NURSE DELEGATION: INITIAL DELEGATION,
SUPERVISION OR RESCINDING DELEGATION**

REGISTRANT'S NAME (LAST, FIRST, MIDDLE INITIAL) _____ DATE OF BIRTH (MM/DD/YYYY) _____ EXPIRY OF LICENSE _____

Delegation Task(s): ☐ Initial Delegation ☐ Ongoing Supervision

Indicate date, completed task, outcomes, observations of nursing assistant's performance, and if rescindment or remedial training was necessary. Explain any negative outcomes and action taken. May complete for multiple NAs if all are performing task adequately.

Specific instructions on next steps(s): _____

Client Status: ☐ Stable and Predictable ☐ Changing (Give Note)

Review of systems. Charting a problem corrected. Only new or significant changes or problems are noted in detail although a complete review was done. Checklist box indicates tasks below:

<input type="checkbox"/> Activity	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Neurological
<input type="checkbox"/> Appetite	<input type="checkbox"/> GI/GU	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Hematologic	<input type="checkbox"/> Skin
<input type="checkbox"/> Circulation	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Vision

Nursing activities Evaluated:

Nursing Assistant Competence: ☐ Reason demonstration ☐ Other _____

☐ Verbal description ☐ Teaching needs/needs met

Regulate Delegation: ☐ None ☐ Comments _____

Continue Delegation: ☐ Yes ☐ No (reason below): _____

Note: _____

Nursing supervision certificate: _____ DATE _____ DATE OF EXPIRATION _____

☐ RESCINDING DELEGATION

(Complete Resident Name, Date of Birth and Social Security Number Above)

Reason Rescinding: ☐ Resident died ☐ Other _____

☐ Resident transferred ☐ Resident condition improved

Information Plan: ☐ None needed ☐ Details of plan below: _____

DATE OF EXPIRATION _____ DATE _____ DATE OF EXPIRATION _____

SEE INSTRUCTIONS: 080803120000

To register concerns or complaints about Nurse Delegation, please call 1-800-552-6570 Toll Free.

080803 - Contract, Revised - 08/01/05 - 08/01/05

Process for Nurse Delegation

Contracted Nurse Responsibilities (cont)

- Business Processes and Billing Review Authorization/Award Letter (C/RM)

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AUTHORIZATION

SAMPLE AUTHORIZATION FORM/AWARD LETTER

1. AUTHORIZATION: Official notice that you will be paid.
2. Page=number of page when there are multiple pages
3. Look for CM name and phone number—important!
4. Payee = RN delegator
5. Service Recipient=client name
6. Service Name = Nurse Delegation
7. Service Period= beginning and end date
8. Authorized Rate: \$8.16 per unit
9. **BE SURE TO CONTACT CM**

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Process for Nurse Delegation

Contracted Nurse Responsibilities (cont)

- Business Processes and Billing Check monthly invoice (all clients)

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INVOICE

SAMPLE INVOICE FORM

1. INVOICE:
Regular/Supplemental
2. Page=number of page when
there are multiple pages
3. Check for month
4. Payee = RN delegator
5. Service Recipient=client name
6. Service Name = Nurse
Delegation
7. Service Period= time of service
8. Authorized Rate: \$8.16
9. Service Unit:(20 HCS/40DDD)
input 0 if not seen during that
time period

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Process for Nurse Delegation

Contracted Nurse Responsibilities (cont)

- Business Processes and Billing
 - Review Remittance Advice
 - Track # units billed per calendar year*
- * You must track continuously and request additional units, if needed

Process for Nurse Delegation

Contracted Nurse Responsibilities (cont)

- Business Processes and Billing
 - Maintain duplicate ND files (copy with client, copy with nurse)
 - Retain files and records for 6 years
 - Set up processes that will help you verify time spent in travel, collateral contacts, etc

Process for Nurse Delegation

What You Can Expect of the Case/Resource Manager

- Assess client's need for nurse delegation
- Refer a client to a ND under contract with ADSA
- Send the nurse a copy of client's current assessment and a Release of Information
- Document a communication plan with the nurse delegator. The plan needs to be agreed upon, stating the frequency and method of communication .

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Process for Nurse Delegation

What You Can Expect of the Case/Resource Manager

- Authorize payment for the nurse under SSPS
 - Advise the nurse delegator when client eligibility or condition changes.
- *In private home settings, C/RM must assure that caregiver has appropriate credentials for delegation (Nursing Assistant registration and appropriate course completed)

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Nurse Delegation Program

- Presentation by DDD Regional Resource Manager

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Nurse Delegation Program

- **DDD Regional Resource Managers**

Region 1--Rhonda Ash 509-329-2940
 Region 2--Kelly Hampton 509-374-2132
 Region 3--Lynn Cimler 425-339-4855
 Danny Johnson 425-339-4842
 Region 4--Helen Odom 206-568-5683
 Region 5--Denise Pech 253-593-5065
 Region 6--Amy Price 360-570-3181

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Nurse Delegation Program

- For a contract to teach the ND class to DDD caregivers, contact:

Christy Hoosier, hoosicr@dshs.wa.gov
 360/725-3209

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Nurse Delegation Program

- The Nurse Delegation Forms (review)
Names and numbers of each
- Sample Chart (Handout)
Completed on the new forms

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Nurse Delegation Program

- Small group assignments
- Scenarios

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Nurse Delegation Program

WHO NEEDS A ND CONTRACT?

Nurses who are paid by DSHS for delegating to

- Clients in AFH
- Clients in DD programs
- Clients in private homes on COPES or appropriate waiver program

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Nurse Delegation Program

- The Contract
 - What services can I choose to provide?*
 - Nurse Delegation, HCS clients
 - Nurse Delegation, DD clients
 - Contract Nurse Consultation— HCS only with additional training
 - Direct Nursing Services—DD only

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Nurse Delegation Program

The Contract

What are the requirements?

- Required orientation
- Experienced RN
- Professional liability insurance
- Criminal background check
- Business license
- Nursing license in good standing without restrictions

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Nurse Delegation Program

The Contract

How am I paid?

- Authorized by Case/Resource Manager
- Receive monthly invoices to validate
- Payment in 15-minute increments (units)
- State sets rates annually
- Current (2005) = \$8.16/unit, \$32.64/hour

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Nurse Delegation Program

The Contract

*What activities may I bill? ***

- Initial delegation assessment
- Supervisory visits/re-evaluating client
- Collateral contacts (with family, physician, pharmacist)
- Time spent in travel

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Nurse Delegation Program

The Contract

**** Be sure to set up business processes that break out your visits by**

- Assessment
- Supervision
- Collateral contacts
- Travel time

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Nurse Delegation Program

The Contract

What is the payment policy for HCS clients?

20 units/month maximum may be authorized
 Only 52 units/client/year may be paid
 52 units = 13 hours/client/calendar year
 One unit = 15 minutes; 4 units = 1 hour

Complete additional units form when needed

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Nurse Delegation Program

The Contract

What is the payment policy for DDD clients?

40 units/month may be authorized
 No maximum/year for DD clients
 52 units = 13 hours/client/calendar year
 One unit = 15 minutes; 4 units = 1 hour

For questions, contact DDD case/resource manager

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Nurse Delegation Program

The Contract

How do I get started?

- Attend orientation
- Obtain a contract packet
- Return completed packet with all required documentation

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Nurse Delegation Program

The Contract

How do I get started (cont'd)?

- Sign and return promptly when contract sent to you
- Contact case managers in your area to let them know about your new contract

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Nurse Delegation Program

The Contract—

What do we expect from you?

- Evaluate client within 3 working days
- Document when and how referral received
- Monitor number of hours spent/client
- Bill only for actual time spent
- Consult program managers w/questions

8/30/2005

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Nurse Delegation Program

The Contract

What do we expect from you (cont'd)?

- Maintain nursing license in good standing
- Maintain minimum amounts professional liability insurance
- Report immediately instances of suspected or actual abuse per RCW 74.34.020

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Nurse Delegation Program

The Contract

What are the differences between HCS /DD?

❖ **RCW, WAC are the same**

- ND just starting for DD clients in private homes
- DDD may authorize 40 units/month
- HCS may authorize 20 units/month
- HCS has maximum units/year/client. You must track and request additional, if needed.

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Nurse Delegation Program

Training Contracts

What are the differences between HCS/DD re: teaching the ND class?

- If nurses want to teach Nurse Delegation class,
- Need separate training “contracts”—one for DD; one for HCS
- DD pays trainer directly; for HCS caregivers, nurse receives tuition from attendees.

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Nurse Delegation Program

Training Contracts

What are the differences between HCS/DD re: teaching the ND class?

- To teach HCS caregivers ("aging" clients), contact Barbara Okeson, 360/725-2546
- To teach caregivers of DD clients, contact Christy Hoosier, 360/725-3209 OR Saif Hakim, 360/725-3409

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Nurse Delegation

- Summary
- Program Evaluation

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